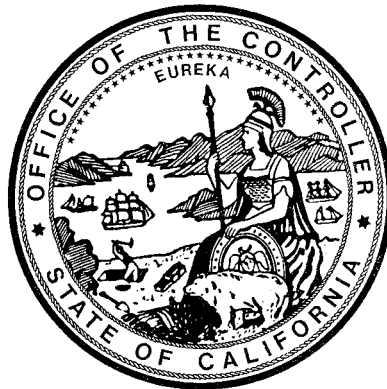# Electronic Tape Claim
Submission Requirements

State Controller's office
Division of Audits

ELECTRONIC TAPE CLAIM

SUBMISSION REQUIREMENTS

MANUAL

STATE CONTROLLER'S OFFICE
DIVISION OF AUDITS

NOVEMBER 1992

TABLE OF CONTENTS

A. GENERAL REQUIREMENTS

The general requirements for accepting automated tape claim schedules are contained in the State Administrative Manual, Board of Control Rules, Government Code, and current operating procedures of the State Controller's Office.

1. State Administrative Manual

   In accordance with State Administrative Manual (SAM) Section 8422.202, claims with the following characteristics, submitted on electronic tape, will be considered for approval by the State Controller's Office (SCO):

   a. Large volume of payees (submission of approximately 100 claims per claim schedule is generally considered minimal volume to render a tape claim cost beneficial)

   b. Similar in nature or purpose.

   c. Subject to repetitive handling and processing

   (SAM Section 8422.202 is presented as Attachment 9.)

2. Board of Control Rules

   Board of Control Rule 622.1 prescribes requirements for the submission of claims recorded on electronic tape. (Board of Control Rule 622.1 is presented as Attachment 10.)

3. Government Code

   Government Code Sections 925.6 and 12410 specifically provide the statutory authority for the State Controller to audit claims presented for payment. Other sections of the Government Code also pertain to duties and responsibilities of the State Controller.

   Government Code Section 26903 requires the State Controller to send a notice to county auditors when payments are transmitted to county treasurers, or to entities required to deposit receipts with county treasurers. (Government Code Section 26903 is presented as Attachment 11.)

4. Procedures of the State Controller's Office

   SCO requires agencies to submit a written request prior to the approval of submission of tape claims. The request should be sent to the Chief, Division of Audits. At a minimum this request shall include the following:

   a. An estimate of the number of claims and payees to be processed annually

   b. An estimate of the number of warrants and total dollars to be issued annually

   c. Anticipated frequency of claims submission

   d. Proposed date for implementation of the tape claim system

   e. A brief description of the nature and purpose of the claims

   f. Fund, item, and appropriation to be charged for the expenditures

A. 4. (continued)

    g. Whether the payments are reportable to the Internal Revenue Service (IRS) and Franchise Tax Board (FTB)

    h. Agency preference on whether remittance advices or other statement(s) will accompany the warrant

    i. List of names, addresses, and telephone numbers of agency (and or contractor) staff with responsibilities for program management, accounting, and data processing

B. SYSTEMS DOCUMENTATION

Agency payment system documentation must be submitted or made available to the SCO's Division of Audits prior to implementation of the proposed tape claim payments system. This material supports the SCO audit function of reviewing payment system control environment and provides assurances to SCO that sufficient controls exist to ensure that claim payments are legal and proper. Additionally, the documentation will be used to facilitate audit of the data submitted to support the claims.

The documentation should cover both automated and manual processes related to the tape claims. Documentation, at a minimum, will contain the following:

1. Narrative description of procedures used in the claiming processes

2. System flow charts

3. Automated system edits and audits of transactions that produce the claims

4. Manual claim controls

5. Definition of error correction processes

6. Inventory and narrative description of relevant forms and reports produced and their utilization in the payment system

7. Master file layouts, record descriptions, and data dictionary

8. Systems test plan which includes description of agency procedures, time schedules, and staff assigned to unit testing, system testing, user testing, and SCO testing

9. References to applicable state and federal laws and regulations

10. Copy of approved state plan, if any

11. Contracts with vendors for claim processing, if any

12. Copy of approved Feasibility Study Report (FSR)

13. Criteria used for determining payee eligibility

14. Methods used to compute amount to be paid to eligible payee

15. Automated and manual methods used to prevent erroneous claims including duplicate claims

16. Audit reports by state and/or federal agencies and private audit firms

C. CLAIM SCHEDULE REQUIREMENTS

The claim schedules must be submitted to SCO for payment of the tape claims and shall contain the following:

1. The certification language contained in Board of Control Rule 622.1 as amended March 1980 (Attachment 10).

2. Form 218-ET (Electronic Tape Claim Schedule) which is available from the Department of General Services, Item No. 7540-000-2183-6, and should be used for claims on electronic tape. Agencies may print their own forms using this format. (Form 218-ET is presented as Attachment 2.)

D. PAYMENT TAPE SPECIFICATIONS

The tape claim records have been diagrammed using the Warnier-Orr format shown in Attachment 1.

The tape claim input record format required is presented as Attachment 3, Attachment 4 is a data element description of the input record format, and Attachment 8 is the COBOL record description for example purposes. SCO can provide interested agencies a COBOL program to build the tape claim format records based upon a FOCUS data base structure. Contact the Division of Audits for additional information.

Also, Attachment 5 is the format for the "Data Exchange File." This file contains warrant numbers and other data which may be used by agencies to make reconciliations or effect other processes.

The data exchange tape is available to state agencies upon request. There is a processing charge of $75.00 to create the data exchange tape. If the tape is not returned to SCO within 30 days, an additional charge of $30.00 will be made. To negotiate an interagency agreement for reimbursement for the data exchange tapes and other extra cost items as needed, contact the SCO's Division of Disbursements, 3301 C Street, Sacramento, California 95816.

Claim payment tapes will be processed at the Teale Data Center on an IBM 3081. The detailed specifications are as follows:

1. The tape will be a nine track, 1600 or 6250 BPI, EBCDIC, or the 3480 tape cartridges. All agencies with the capability to use 3480 cartridges are urged to utilize that medium for providing input tapes to SCO.

2. Standard IBM as header and trailer labels will be used.

3. The file must contain variable length records. The first four bytes of each record must be the length of the record. The first four bytes of each block must be the block size length. Tapes that are created by IBM operating systems will automatically append the four-byte length descriptor fields in the proper format. Agencies submitting tapes that are created by non-IBM systems must ensure that the IBM as standard format is used for this control field. Some conversion may be necessary.

4. The maximum block size is 8000, the last block being of variable length. The maximum record size is 7992.

5. All files submitted to SCO must have external labels identifying the file and they must be received with the hard copy claim schedule face sheet (Attachment 2). Agencies that submit tape claims for multiple programs must clearly identify the program on the hard copy claim schedule. Alternative arrangements may be made for tape delivery for agencies using Teale Data Center.

D. (continued)

6. Production files which do not process properly will be returned to the claiming agency and a corrected file and revised claim schedule must be submitted to SCO. Attachment 6 contains the SCO edits and audits for production of warrants. We recommend that agencies incorporate the applicable edits into their tape claim submission system to avoid delay of payments. SCO may also develop specialized reports to analyze payment data unique to each agency.

7. Up to 7742 bytes on the warrant record and remittance advice records are titled "Audit Record Information." This portion of the record is reserved to capture additional data to support the payment information. The information required will be determined by the SCO's Division of Audits upon submission of the data and documentation specified above and prior to the submission of claims. on electronic tape. Several agencies have provided a copy of their master file record to satisfy this requirement.

8. The records must be in the order contained in the input record format. The records will be in sequence by record code (positions 1 and 2), claim number (positions 3 and 4), record type (positions 5 through 7), zip code (if required, positions 8 through 16), sequence-no (positions 27 through 31), line number (positions 33 and 34), and detail amount indicator (position 35). The sequence-number may be used, when incremented, for multiple warrants to the same payee for proper record order.

9. The zip code field must be zeros if the zip code is unavailable or the address is foreign. If only the five-digit zip code is available, left justify the zip code in the field and do not zero-fill the remaining four bytes. The zip code must not be included as part of the address field on the warrant record.

10. The mailing addresses of the payments must be formatted as follows:

   a. The next to last line of the destination address should contain the street address or post office or rural route number -- followed by an apartment number, unit, office, or multi-dwelling number.

   b. The last line should contain the city and approved two-letter state abbreviation. If the destination address is a foreign country, the county's name must appear in full on the last line.

   c. **Do not enter the zip code in the destination address.**

   d. Punctuation is not required.

   e. One or two spaces should be placed between words.

   f. Except for the state abbreviation, all words should be spelled out. If abbreviations must be used, only United States Postal Service-approved abbreviations (contained in the National Zip Code Directory) are allowed.

11. Payment files should be sorted in strict zip code order.

12. Certain records in the input format are to be used only at agency request. These include the remittance advice records, the secondary payee record, and that portion of the warrant record pertaining to IRS reportable information. The secondary payee record permits compliance with Government Code Section 26903 requiring a notice to be sent to the county auditor when payments are transmitted to the county treasurer, or deposited in the county treasury.

D. (continued)

13. Certain characters are not available on SCO printers. See Attachment 7 for a list of available characters that can be used. In no circumstances are "null characters" (binary 00) to be submitted in a print field.

14. The "bank code" on the detail warrant record is available for optional use to identify banks for direct warrant deposit for local governmental agencies. Agencies desiring to have direct bank deposit must contact the SCO's Division of Audits for further instructions. Agencies not desiring to use the "bank code" may utilize all six positions as the "optional id" field.

15. The claim schedule number on the tape must be identical to that on the claim schedule form, including leading and trailing zeros or blanks. A nonmatch between the claim schedule hard copy and the information on the tape will cause a delay in payments.

16. The fund code on the claim schedule must match the fund code in the SCO file of approved agencies submitting tape claims (Header Authorization File).

17. The Header Authorization File information is reviewed at the beginning of each fiscal year. If an agency will be submitting a tape claim for a prior fiscal year, or making other changes to the accounting codes on the claim schedule, two weeks prior to the beginning of the new fiscal year, contact SCO in writing for assignment of a valid claim identification name (see Attachment 3, page 2), at the following address:

State Controller's Office
Division of Audits
Operations Bureau
3301 C Street
Sacramento, California 95816

18. Prior to acceptance of production files, SCO will perform at least two tests on tapes from agencies. Agencies are requested to provide a test claim schedule (Attachment 2) with the test tape data. The first tape submitted by the agency shall be an "acceptance test" tape containing a small volume of test transactions.

   This data may be programmer-created test data, and is for the purpose of determining compatibility of formats. The second tape must be a representative volume test of "live" data that has been created through the actual edits and audits of the agency's production claim system, and subject to all agency payment controls. The acceptance test is needed at least four weeks prior to the desired implementation of the warrant production process to allow sufficient testing within SCO processes. Both test tapes shall contain all applicable "audit information" as specified by the SCO's Division of Audits.

19. Any change to the claims payment tape requires testing before the claims can be processed.

ATTACHMENT 1

Warnier-Orr Diagram of Tape Claim Records

"WARNIER-ORR DIAGRAM" OF TAPE CLAIM RECORDS

TAPE CLAIM FILE

TAPE CLAIM FILE.HEADER

CLAIMS SCHEDULE
(1,C)
<<

 CLAIMS SCHEDULE.HEADER

 WARRANT
 (1,W)
 <<

  DETAIL RECORD

  REMITTANCE ADVICE
  (0,1)
  <<

   REMITTANCE ADVICE
   .RECORD
   (1,42)
   <<

    CHARACTERS
    (1,62)
    <<

  SECONDARY PAYEE
  (0,1)

   NOTICE TO AUDITOR
   <<

 CLAIMS SCHEDULE.TRAILER

TAPE CLAIM FILE.TRAILER
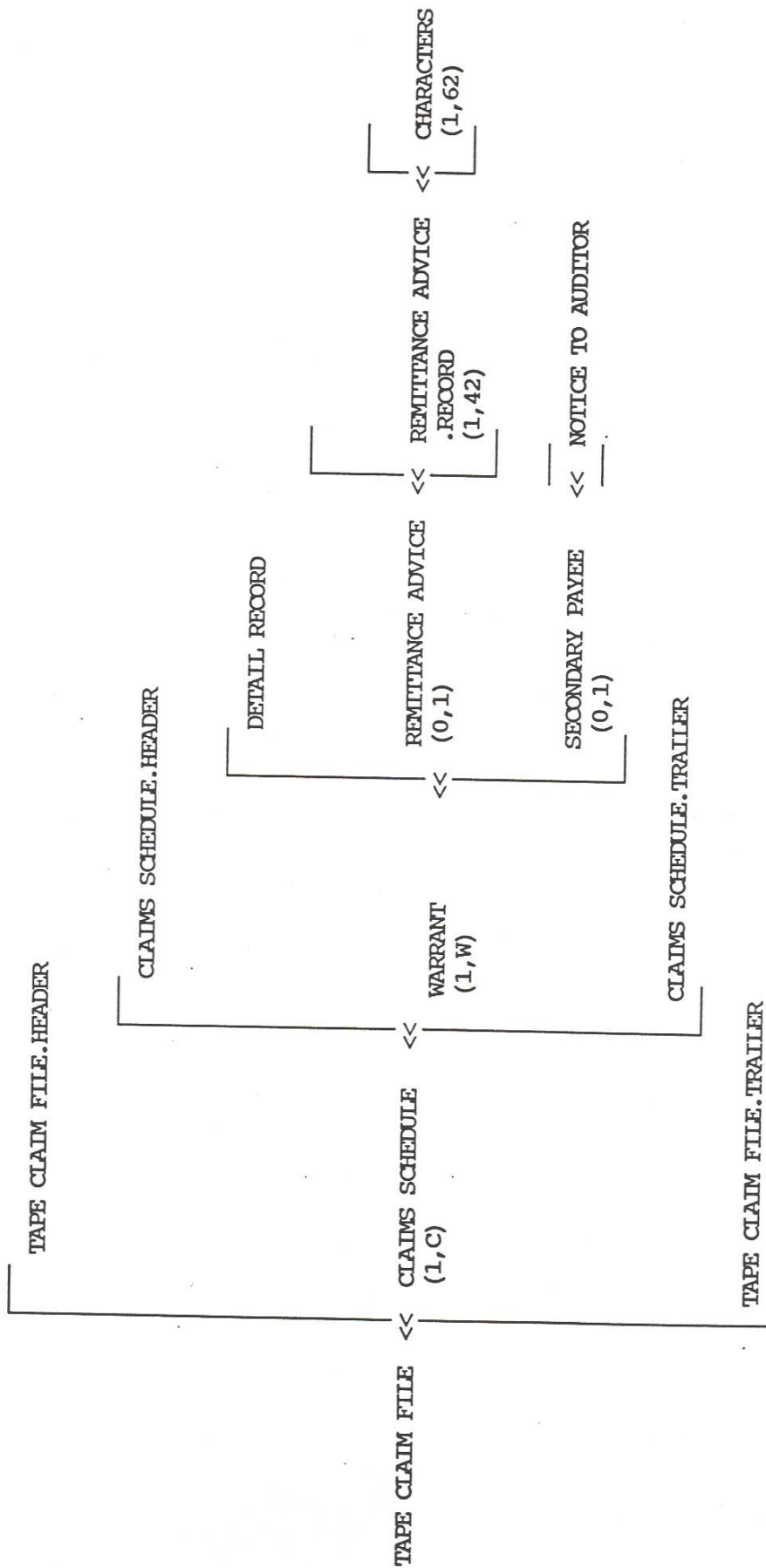
ATTACHMENT 2

Electronic Tape Claim Schedule (Form 218-ET)

USE THIS FORM TO
SUBMIT DATA ON ELECTRONIC
TAPE ONLY

(Do not write in this space)

Attachment 2
Page 1 of 1

STATE OF CALIFORNIA
CLAIM SCHEDULE
STD. 218-ET (3-82)

PAYABLE FROM	FUND	SUB	FUND NAME		
	AGENCY NO.		AGENCY NAME		

APPROPRI- ATION	YR. OF STAT.	METH	REFERENCE/ITEM	SEQ.	FFY	CHAPTER	STATUTES
	PURPOSE						

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM.	ELE.	COMP.	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION

REEL NUMBER	TOTAL OF SCHEDULE
TAPE DENSITY	NUMBER OF WARRANTS
DATA SET NAME (Optional)	RECORD COUNT

INTERNAL AGENCY USE

SCHEDULE NUMBER

AUDIT CODE | SCH. TYPE

PRINT WARRANT DATE

ISSUE WARR. DATE (REQUEST.)

BEG. WARR. NUMBER

END WARR. NUMBER

ISSUES

VOIDS

SIGN. | CALC.

PURCH. | CONTR.

CORRECTIONS ENTERED

AUDITED | APPR. PAY.

F/A BAL. OK | WARR. OK

REPORTABLE PAYMENTS PER S.A.M. 8422. 190

NUMBER

AMOUNT
$

TOTAL SUBJECT TO USE TAX
$

I hereby certify under penalty of perjury as follows:
That I am a duly appointed, qualified, and acting officer of the herein named state agency. That the respective amounts and payees included in this claim have been recorded on that certain electronic tape identified in the within schedule. That a written reproduction, listing each payee and the amount of payment, was prepared from said tape and will be retained as a part of the official records of said state agency, or the information so provided will be retained on electronic tape. That the respective amounts, payees, and totals are true and correct as set forth on said electronic tape and in said written reproduction, or retained electronic tape. The original claim documents, or reproductions thereof, have been retained and are maintained in a manner that will enable verification of the propriety of the amounts claimed. That payments are properly payable to each and all of the claimants as contained therein, and that such payments are authorized in the amounts, for the period, and to the respective payees as indicated therein under all governing laws and regulations. That I have not violated any of the provisions of Sections 1090 to 1096, inclusive, Government Code.

SIGNED	TITLE	DATE
APPROVED (IF REQUIRED)		

CAM ①OSP

ATTACHMENT 3

Tape Claim Record Format

FORMAT DESCRIPTION

DATE _____   ORIGINATOR _____   REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME   MISC. TAPE CLAIMS (37137 Format)   RECORD NAME: FILE HEADER RECORD

1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 20	1 2 3 4 5 6 7 8 9 30	1 2 3 4 5 6 7 8 9 40	1 2 3 4 5 6 7 8 9 50

RECORD ID   FILLER   AGENCY CODE   F I L L E R

AN——————————————————————————————————AN

51 ... 60 ... 70 ... 80 ... 90 ... 100

F I L L E R

AN——————————————————————————————————AN

101 ... 110 ... 120 ... 130 ... 140 ... 150

151 ... 160 ... 170 ... 180 ... 190 ... 200

MODE:
Alpha/Num   A/N
Binary   B
Packed   P
Zoned Decimal Z

LABELS:
STANDARD   [X]
NON-STANDARD [ ]
NO LABELS   [ ]

RECORD FORMAT:
FIXED-F   [ ]
VARIABLE-V   [X]
UNDEFINED-U [ ]

RECORD LENGTH Min 100   Max 7992
RECORDS PER BLOCK _____
BLOCK SIZE 8000

INPUT [X]
OUTPUT [ ]

PAGE 1 OF 9

FORMAT DESCRIPTION

DATE _____ ORIGINATOR _____ REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME: MISC. TAPE CLAIMS (37137 Format)   RECORD NAME: CLAIM HEADER RECORD

RECORD TYPE
CODE
CLAIM ORDER
DATA
ERROR
MD

RECORD TYPE

CLAIM SCHEDULE NUMBER

FILLER

CLAIM IDENTIFICATION

FILLER

FILLER

F I L L E R

F I L L E R

AN

AN

RECORD LENGTH Min 100   Max 7992
RECORDS PER BLOCK _____
BLOCK SIZE 8000

PAGE 2 OF 9

INPUT ☒
OUTPUT ☐

RECORD FORMAT:
FIXED-F ☐
VARIABLE-V ☒
UNDEFINED U ☐

LABELS:
STANDARD ☒
NON-STANDARD ☐
NO LABELS ☐

MODE:
Alpha/Num   A/N
Binary   B
Packed   P
Zoned Decimal Z

FORMAT DESCRIPTION

DATE   ORIGINATOR   REVIEWER

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

MISC. TAPE CLAIMS (37137 Format)   RECORD NAME: DETAIL WARRANT RECORD

FILE NAME

Positions 1–50:
- RECORD TYPE
- ZIP CODE
- PAYEE IDENTIFICATION
- AGENCY OPTIONAL ID OR SEQ. NO.
- WARRANT AMOUNT
- WARRANT LAYOUT NO.
- PAYEE NAME

Positions 51–100:
- PAYEE NAME (CONT)
- FILTER

Positions 101–150:
- ADDRESS LINE 1 (CONT)
- ADDRESS LINE 2
- ADDRESS LINE 3

Positions 151–200:
- ADDRESS LINE 3 (CONT)
- ADDRESS LINE 4

RECORD LENGTH Min 100   Max 7992

RECORDS PER BLOCK _____

BLOCK SIZE 8000

MODE:
Alpha/Num	A/N
Binary	B
Packed	P
Zoned Decimal	Z

LABELS:
- STANDARD ☒
- NON-STANDARD ☐
- NO LABELS ☐

RECORD FORMAT:
- FIXED-F ☐
- VARIABLE-V ☒
- UNDEFINED-U ☐

INPUT ☒
OUTPUT ☐

PAGE 3 OF 9

FORMAT DESCRIPTION

DATE _____ ORIGINATOR _____ REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME: MISC. TAPE CLAIMS (37137 Format) RECORD NAME: DETAIL WARRANT RECORD (CONT)

Record positions 201–250:
- IRS 1099 INFO
  - FEDERAL ID NUMBER (P A C O E / PACODE)
  - REPORTING AMOUNT
- FILLER
- AN

Record positions 251–300:
- AUDIT INFORMATION
- AN

Record positions 301–350:
- AUDIT INFORMATION
- AN

Record positions 351–400: ... 7992
- AUDIT INFORMATION TO 7992
- AN

MODE:
Alpha/Num	A/N
Binary	B
Packed	P
Zoned Decimal	Z

LABELS:
- STANDARD [X]
- NON-STANDARD [ ]
- NO LABELS [ ]

RECORD FORMAT:
- FIXED--F [ ]
- VARIABLE-V [X]
- UNDEFINED-U [ ]

RECORD LENGTH Min 100   Max 7992
RECORDS PER BLOCK _____
BLOCK SIZE 8000

INPUT [X]
OUTPUT [ ]

PAGE 4 OF 9

FORMAT DESCRIPTION

DATE _____ ORIGINATOR _____ REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)   RECORD NAME: __SECONDARY PAYEE RECORD__

FILE NAME: __MISC. TAPE CLAIMS (37137 Format)__

RECORD TYPE
RECDCOLLACODEORDERREID.M
CCOLNDAOREIM

AGENCY OPTIONAL ID OR SEQ. NO.

BANKCODE
RELIAB.INDENT

PAYEE IDENTIFICATION

ZIP CODE

WARRANT AMOUNT

LAYOUT NO.

PAYEE NAME

Z — AN — Z — AN — Z — P — Z — P — AN — P — AN

1-50

PAYEE NAME (CONT)

51-100   AN

ADDRESS LINE 1

ADDRESS LINE 1 (CONT)

ADDRESS LINE 2

101-150   AN

ADDRESS LINE 3

ADDRESS LINE 3 (CONT)

ADDRESS LINE 4

151-200   AN

RECORD LENGTH Min 100 Max 7992
RECORDS PER BLOCK _____
BLOCK SIZE ____8000____

MODE:
Alpha/Num   A/N
Binary   B
Packed   P

LABELS:
STANDARD   ☒
NON-STANDARD ☐
NO LABELS   ☐

RECORD FORMAT:
FIXED-F   ☐
VARIABLE-V ☒

INPUT   ☒
OUTPUT ☐

FORMAT DESCRIPTION

DATE _____ ORIGINATOR _____ REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME MISC. TAPE CLAIMS (37137 Format) RECORD NAME: SECONDARY PAYEE RECORD (CONT)

201 ... 250 F I L L E R — AN — 300

251 ... 300 A U D I T I N F O R M A T I O N — AN — 350

301 ... 350 A U D I T I N F O R M A T I O N — AN —

351 ... A U D I T I N F O R M A T I O N T O 7992 — AN — 7992

RECORD LENGTH Min 100 Max 7992
RECORDS PER BLOCK _____
BLOCK SIZE 8000

MODE:
Alpha/Num   A/N
Binary   B
Packed   P
Zoned Decimal Z

LABELS:
STANDARD   ☒
NON-STANDARD ☐
NO LABELS   ☐

RECORD FORMAT:
FIXED-F   ☐
VARIABLE-V   ☒
UNDEFINED-U ☐

INPUT   ☒
OUTPUT ☐

PAGE 6 OF 9

FORMAT DESCRIPTION

DATE _____ ORIGINATOR _____ REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

RECORD NAME: **DETAIL REMITTANCE ADVICE STMT RECORD**

MISC. TAPE CLAIMS (37137 Format)

Field	Description
RECORD TYPE	R E C O R D
ZIP CODE	T D H E R E T A L A I D L E R
PAYEE IDENTIFICATION	
AGENCY OPTIONAL ID OR SEQ. NO.	B A N K, A L I N K, N C O O D E, D E T A M T I N D
DETAIL AMOUNT	
LAYOUT NO.	
FREE FORM PRINT IMAGE FOR REMITTANCE ADVICE	

AN —— Z —— Z P —— P AN —— Z AN —— AN

FREE FORM PRINT IMAGE FOR REMITTANCE ADVICE (CONT)

AN —— 7792

AUDIT INFORMATION TO ——→ 7792

FREE FORM PRINT IMAGE FOR REMITTANCE ADVICE (CONT)

AN

RECORD LENGTH Min 100 Max 7792
RECORDS PER BLOCK _____
BLOCK SIZE 8000

RECORD FORMAT:
FIXED-F ☐
VARIABLE-V ☒
UNDEFINED-U ☐

LABELS:
STANDARD ☒
NON STANDARD ☐
NO LABELS ☐

MODE:
Alpha/Num A/N
Binary B
Packed P
Zoned Decimal Z

INPUT ☒
OUTPUT ☐

PAGE 7 of 9

FORMAT DESCRIPTION

DATE _____ ORIGINATOR _____ REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME: MISC. TAPE CLAIMS (37137 Format)   RECORD NAME: CLAIM TOTAL RECORD

RECORD NAME: CLAIM TOTAL RECORD

RECORD TYPE

RECORD CODE
CLAIM
TOTAL
RECORD

FILLER

CLAIM TOTAL WARRANT RECORD COUNT

CLAIM TOTAL RA RECORD COUNT

CLAIM TOTAL WARRANT AMOUNT

CLAIM TOTAL WARRANT AMOUNT (CONT)

FILLER

FILLER

RECORD LENGTH Min 100   Max 7992
RECORDS PER BLOCK _____
BLOCK SIZE 8000

RECORD FORMAT:
FIXED-F ☐
VARIABLE-V ☒
UNDEFINED-U ☐

LABELS:
STANDARD ☒
NON-STANDARD ☐
NO LABELS ☐

MODE:
A/N   Alpha/Num ☒
B   Binary ☐
P   Packed ☐
Z   Zoned Decimal ☐

INPUT ☒
OUTPUT ☐

PAGE 8 OF 9

FORMAT DESCRIPTION

DATE _____   ORIGINATOR _____   REVIEWER _____

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME: MISC. TAPE CLAIMS (37137 Format)   RECORD NAME: FILE TOTAL RECORD

RECORD ID — FILLER

FILE TOTAL RECORD COUNT

FILE CLAIM COUNT

FILE TOTAL WARRANT RECORD COUNT

FILE TOTAL RA RECORD COUNT

FILE TOTAL WARRANT AMOUNT

FILE TOTAL WARRANT AMOUNT

FILLER

AN — Z
Z — AN
AN

MODE:			LABELS:		RECORD FORMAT:		RECORD LENGTH Min 100 Max 7992
Alpha/Num	A/N		STANDARD	☒	FIXED-F	☐	RECORDS PER BLOCK _____
Binary	B		NON-STANDARD	☐	VARIABLE-V	☒	BLOCK SIZE 8000
Packed	P		NO LABELS	☐	UNDEFINED-U	☐	INPUT ☒ OUTPUT ☐
Zoned Decimal	Z						PAGE 9 of 9

ATTACHMENT 4

Data Element Description of the Input Record Format

DATA ELEMENT DESCRIPTION
INPUT RECORD FORMAT - ELECTRONIC TAPE CLAIMS (CO37137)
(ALL RECORDS ARE VARIABLE LENGTH)

Record Name	Start	Length	Type	Description/Values
1. File Header Record				
Field Name				
* Record-ID	1	5	AN	Value '00HDR'.
Filler	6	5	AN	
* Agency-ID	11	4	AN	4 digit-left justify: zero fill uniform agency code. Source: Uniform Codes Manual, Department of Finance
Filler	15	86	AN	
2. Claim Header Record				
Field Name				
* Record-Code	1	2	N	Value '05'.
* Claim-No	3	2	N	A value from '01' to '99', claims within a file are in ascending consecutive order. There is one claim number per claim schedule submitted.
Record-Type				
* Trlr-Code	5	1	N	Value '0'.
* Detail-Code	6	1	N	Value '0'.
* Header-Code	7	1	N	Value '1'.
Filler	8	3	AN	
* C1-Sched-No	11	8	AN	Number assigned by department's accounting office matching hard copy tape claim certification submitted by agency; left justified.
Filler	19	2	AN	
* Claim-ID	21	10	AN	Provided by SCO-Audits after approval of tape system.
Filler	31	70	AN	

NOTE:

0 = Zero	* = Required Field	N = Numeric
O = Letter "O"	AN = Alpha-Numeric	P = Packed Decimal

	Record Name	Start	Length	Type	Description/Values
3.	Detail Warrant Record				
	Field Name				
	* Record-Code	1	2	N	Value '05'.
	* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.
	Record-Type				
	* Trlr-Code	5	1	N	Value '0'.
	* Detail-Code	6	1	N	Value '1'.
	* Header-Code	7	1	N	Value '0'.
	* Zip-Code	8	9	AN	Payee zip code; left justified; must not be blank; must contain zip code or zero fill. Zero fill if zip is not available or foreign country.
	* Payee-ID	17	10	AN	SSA number or other agency assigned ID number.
	Seq-No	27	6	AN,N or P	Agency use.
	(Bank Code)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code is the last character of "seq-no."
	* Line-No	33	2	N	Value '00'.
	* Det-Amt-Ind	35	1	N	Value '1'.
	* Warrant-Amt	36	6	P	Payment amount; numeric. Must be greater than $0 S9(8)v99 comp 3.
	* Layout-No	42	4	AN	Provided by SCO-Audits.
	* Payee-Name	46	30	AN	Warrant drawn in favor of payee.
	Filler	76	5	AN	Blank-Not used.

NOTE:

0 = Zero	* = Required Field	N = Numeric
O = Letter "O"	AN = Alpha-Numeric	P = Packed Decimal

Record Name	Start	Length	Type	Description/Values

3.   Detail Warrant Record (continued)

Record-Type (continued)

Record Name	Start	Length	Type	Description/Values
Address-Line 1	81	30	AN	If warrants are to be mailed to payee, then either
Address-Line 2	111	30	AN	address lines 1 or 2 must not be blank.
Address-Line 3	141	30	AN	Do not include zip code here, unless foreign country.
Address-Line 4	171	30	AN	Do not include zip code here, unless foreign country.

IRS-Information

Record Name	Start	Length	Type	Description/Values
* Reportable Code	201	1	AN	Value '2' SCO reports-employer number. Value '1' SCO reports-SSA number. Value '0' agency reports or not reported, must not be blank.
Federal-ID-No	202	9	AN	Employer number if Reportable Code = 2; SSA number if Reportable Code = 1; Blank if Reportable Code = '0'.
Pay-Code	211	1	AN	See SAM Section 8422.19. Required if Reportable Code = '1' or '2'.
Reportable-Amt	212	6	P	Required if Reportable Code = '1' or '2'.
Filler	218	33	AN	
WR-Audit-Info	251	Up to 7741	AN	Variable as described by SCO-Audits.

NOTE:

0 = Zero	* = Required Field	N = Numeric
O = Letter "O"	AN = Alpha-Numeric	P = Packed Decimal

Record Name	Start	Length	Type	Description/Values
4. Secondary Payee Record				Purpose: To satisfy Government Code Section 26903 or to notify other parties of payments (not tax reporting); required when payee is local government agency.

Field Name

* Record-Code	1	2	N	Value '05'.
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '0'.
* Detail-Code	6	1	N	Value '1'.
* Header-Code	7	1	N	Value '0'.
* Zip-Code	8	9	AN	Payee zip code; left justified; must not be blank. Zip code or zero fill. Include zip code in address field for secondary payee address (county auditor).
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number.
Seq-No	27	6	AN,P or N	Agency use.
(Bank Code)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code is the last character of "seq-no."
* Line-No	33	2	N	Value '00'.
* Det-Amt-Ind	35	1	N	Value '2' for this record.
* Warrant-Amt	36	6	P	Payment amount; numeric. Must be greater than $0 S9(8)v99 comp 3.
* Layout-No	42	4	AN	Provided by SCO-Audits.
* Payee-Name	46	30	AN	Party to be notified (usually county auditor).
Filler	76	5	AN	

NOTE:

0 = Zero	* = Required Field	N = Numeric
O = Letter "O"	AN = Alpha-Numeric	P = Packed Decimal

Record Name	Start	Length	Type	Description/Values

4. Secondary Payee Record (continued)

Record-Type (continued)

	Start	Length	Type	Description/Values
Address-Line 1	81	30	AN	Address of party to be notified, either line 1 or line 2 must not be blank.
Address-Line 2	111	30	AN	
Address-Line 3	141	30	AN	MUST include zip code of party to be notified.
Address-Line 4	171	30	AN	
Filler	201	50	AN	
SP-Audit-Info	251	Up to 7741	AN	Variable as described by SCO-Audits.

5. Detail Remittance Advice (RA) Statement Record — One record per printed RA line. Maximum 42 lines of 62 characters of printed information.

Field Name

	Start	Length	Type	Description/Values
* Record-Code	1	2	N	Value '05'.
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.

Record-Type

	Start	Length	Type	Description/Values
* Trlr-Code	5	1	N	Value '0'.
* Detail-Code	6	1	N	Value '1'.
* Header-Code	7	1	N	Value '0'.
* Zip-Code	8	9	AN	Payee zip code.
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number.
Seq-No	27	6	AN,P or N	Agency use.
(Bank Code)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code is the last character of "seq-no."

NOTE:

0 = Zero	* = Required Field	N = Numeric
O = Letter "O"	AN = Alpha-Numeric	P = Packed Decimal

Record Name	Start	Length	Type	Description/Values
5. Detail Remittance Advice (RA) Statement Record (continued)				
Record-Type (continued)				
* Line-No	33	2	N	Remittance advice line number; valid values are line 1 to 42; line number 1 is the first line to be machine printed; must be ascending. Skip lines not printed.
* Det-Amt-Ind	35	1	N	'0' = No detail amount present; '1' = detail amount present.
* Detail-RA-Amt	36	6	P	RA shows payment information (total or subtotal); required if Det-Amt-Ind = '1'.
* Layout-No	42	4	AN	SCO-Audits will provide data requirements.
RA-Print-Info	46	62	AN	For agency use to describe payment to payee: may include agency name, address, and telephone number for inquiry purposes. Print info is "free form" formatted by agency.
RA-Audit-Info	108	Up to 7884	AN	Variable as described by SCO-Audits.
6. Claim Total Record				Follows claim header and claim detail records, one per claim.
Field Name				
* Record-Code	1	2	N	Value '05'.
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.
Record-Type				
* Trlr-Code	5	1	N	Value '1'.
* Detail-Code	6	1	N	Value '0'.
* Header-Code	7	1	N	Value '0'.
Filler	8	18	AN	

NOTE:

0 = Zero	* = Required Field	N = Numeric	
O = Letter "O"	AN = Alpha-Numeric	P = Packed Decimal	

Record Name	Start	Length	Type	Description/Values
6. Claim Total Record (continued)				
Record-Type (continued)				
* Warr-Rec-Count	26	9	N	Total number of all detail warrant records for claim with "Record-Type 010 line-no = 00, Det-Amt-Ind = 1" S9(9).
* RA-Rec-Count	35	11	N	Total number of all RA records for claim with "Record-Type 010 Line-No-01 through 42 (RA record)" S9(11).
* Total-Warr-Amt	46	15	N	Total dollar amount of all detail warrant records for claim with "Record Type = 010, line-no = 00, Det-Amt-Ind = 1" S9(13)v99.
Filler	61	40	AN	
7. File Total Record				
Field Name				
* Record-ID	1	5	AN	Value '99EOF'.
Filler	6	2	AN	
* Total-Rec-Count	8	13	N	Total number of all records except file total record S9(13).
* Claim-Count	21	5	N	Total number of all claim header records with Record Type = 001 S9(5).
* Warr-Rec-Count	26	9	N	Total number of all detail warrant records with Record-Type = 010 Line-No = 00 Det-Amt-Ind = 1 S9(9).
* RA-Rec-Count	35	11	N	Total number of all RA records with Record-Type = 010 Line-No = 01 to 42. S9(11).
* Total-Warr-Amt	46	15	N	Total dollar amount of all detail warrant records for claim with Record Type = 010, Line-No = 00, Det-Amt-Ind = 1 S9(13)v99.
Filler	61	40	AN	

Minimum length of all records if 100.
Maximum length is 7992.

NOTE:

0 =	Zero	* =	Required Field	N =	Numeric
O =	Letter "O"	AN =	Alpha-Numeric	P =	Packed Decimal

ATTACHMENT 5

Format for the Data Exchange File

FORMAT DESCRIPTION

FC175 DATA EXCHANGE PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME ___ DATA EXCHANGE ___ FORMAT TITLE ___ PAYMENT RECORD

7/1/1996	L.Baird
2/5/1997	E.Haubrich
9/25/1997	E. Haubrich

Record (positions 1–50):

File Code	Agency Code	Filler	Claim Schedule Number	Filler	Schedule Type	Fund	Filler	Agency	Fiscal Year	Reference/Item
1–3	4–7	10–15	16–23	24–26	27–28	31–34	35–37	38–40	42–45	46–50
X(03)	9(04)	X(09)	X(08)	X(03)	X(02)	X(04)	X(03)	X(04)	X(04)	X(07)

Coding Block (positions 38–50)

Record (positions 51–100):

Filler	Issue Date CCYYMMDD	Warrant Number	Filler
(cont.) 52–67	82–89	90–97	98–99
X(31)	X(08)	X(08)	X(02)

Record (positions 101–150):

Warrant Amount	Payee ID Number	Payee Name	Filler
101–...	11–20	21–50	46–50
S9(13)V99	X(10)	X(30)	X(5)

Record (positions 151–200):

Address Line 1	Address Line 2
X(30)	X(30)

FILLER (cont.) X(30)

RECORD LENGTH ___ 300
RECORDS PER BLOCK ___
BLOCKSIZE ___

RECORD FORMAT: ■ FIXED-F   □ VARIABLE-V   □ UNDEFINED-U

LABELS: □ STANDARD   □ NON-STANDARD   □ NO LABELS

■ INPUT   ■ OUTPUT   PAGE 1 OF 2

G:FISCAL/BLUEBOOK.DRW

FORMAT DESCRIPTION

FC175 DATA EXCHANGE PROGRAM (cont.)

L. Baird   7/1/1996
E. Haubrich   2/5/1997
E. Haubrich   9/25/1997

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME   DATA EXCHANGE   FORMAT TITLE   PAYMENT RECORD

Row 201–250:
- 201–... Address Line 2 (cont.)
- Address Line 3   X(30)
- Address Line 4   X(30)

Row 51–100:
- Address Line 4 (cont.)
- Agency Exchange Data
- A-E-Code   X
- Claim Number   X(2)
- Zip Code   X(09)
- Optional ID or Seq. Number   X(06)
- Filler   X(09)

Row 101–150: (blank)

Row 151–200: (blank)

RECORD LENGTH   300
RECORDS PER BLOCK _____
BLOCKSIZE _____

RECORD FORMAT:
- ■ FIXED–F
- ☐ VARIABLE–V
- ☐ UNDEFINED–U

■ INPUT
■ OUTPUT   PAGE 2 OF 2

LABELS:
- ☐ STANDARD
- ☐ NON–STANDARD
- ☐ NO LABELS

ATTACHMENT 6

SCO Edits and Audits

CO37137 EDITS

CO37137 Critical Edits (Will cause program to abort.)

Edit Criteria

Record ID is not "00HDR", "99EOF", or record code is not "05".

Record code is "05" but record type is not "001", 010, or 100".

Claim number in claim header is not "01" through "99".

Record code is "05" but line number is not "00" through "42".

Line number is "00" but detail amount indicator is not "1" or "2".

Agency code is equal to spaces.

Claim ID is equal to spaces.

Claim schedule number is equal to spaces.

Agency code and claim ID are not on header authorization (H/A) file.

NOTE:

    0 = Zero
    O = Letter "O"

CO37137 Edit (May produce valid claim record depending on severity level.)

Severity Level (Condition Code)	Edit Criteria
04	Payee zip code missing (address edit specified on header authorization file)
04	Payee I.D. missing
08	Payee address missing (per H/A address edit)
08	Missing name in secondary payee notification record
08	Missing address in secondary payee notification record
12	Invalid IRS reportable code (not "0", "1", or "2")
12	IRS information invalid or missing (valid reportable code but reportable amount, payee ID or pay code in error)
12	Remittance advice amount field not numeric (edit only if R/A amount indicator = 1)
12	Payee warrant amount not within acceptable range (per header authorization file)
12	Sum of R/A amount fields does not equal payee warrant amount (edit only if R/A amount indicator = 1)
16*	Payee name missing
16*	Payee record missing (detail payment record)
16*	Payee warrant amount not numeric (replace with zero)
16*	Claim contains R/A records but H/A file specifies warrant-only stock (per H/A form type)
16*	H/A file specifies warrant-remit-advice stock but no R/As found (per H/A form type)
16*	Payee claim number not equal to claim number in claim header record
16*	Payee zip code not in ascending sequence -- required for this claim (per H/A zip edit)
16*	Claim out of balance (claim total record counts and amounts do not agree with program totals)
16*	File out of balance (file total record counts and amounts do not agree with program totals)
16*	Duplicate remittance advice line
16*	Fund code does not match the fund code in the approved file of agencies submitting tape (Header Authorization File)
16*	Payee warrant amount is negative
16*	Invalid bank code

NOTE:

0 = Zero
O = Letter "O"
* = Entire payment tape will not be processed.

ATTACHMENT 7

SCO Available Printer Characters

SCO ALLOWABLE
PRINTER CHARACTERS

Table B—1. Business Print Cartridge, CVC 18

HEXADECIMAL CODE	LOADING SEQUENCE	SYMBOL	SYMBOL DESCRIPTION	SYMBOLS PER ARRAY
4B	1	.	Period (Full Stop)	1
50	2	&	Ampersand	1
6C	3	%	Percent	1
5C	4	*	Asterisk	1
4C	5	<	Less Than	1
4E	6	+	Plus	1
6B	7	,	Comma	1
5B	8	$	Dollar Sign	1
7B	9	#	Number Sign	1
7C	10	@	Commercial at	1
61	11	/	Slant (Solidus)	1
60	12	-	Hyphen (Minus)	1
F0	13	0	Numeric Zero	1
F1	14	1	Numeric One	1
F2	15	2	Numeric Two	1
F3	16	3	Numeric Three	1
F4	17	4	Numeric Four	1
F5	18	5	Numeric Five	1
F6	19	6	Numeric Six	1
F7	20	7	Numeric Seven	1
F8	21	8	Numeric Eight	1
F9	22	9	Numeric Nine	1
C1	23	A	Upper Case A	1
C2	24	B	Upper Case B	1
C3	25	C	Upper Case C	1
C4	26	D	Upper Case D	1
C5	27	E	Upper Case E	1
C6	28	F	Upper Case F	1
C7	29	G	Upper Case G	1
C8	30	H	Upper Case H	1
C9	31	I	Upper Case I	1
D1	32	J	Upper Case J	1
D2	33	K	Upper Case K	1
D3	34	L	Upper Case L	1
D4	35	M	Upper Case M	1
D5	36	N	Upper Case N	1
D6	37	O	Upper Case O	1
D7	38	P	Upper Case P	1
D8	39	Q	Upper Case Q	1
D9	40	R	Upper Case R	1
E2	41	S	Upper Case S	1
E3	42	T	Upper Case T	1
E4	43	U	Upper Case U	1
E5	44	V	Upper Case V	1
E6	45	W	Upper Case W	1
E7	46	X	Upper Case X	1
E8	47	Y	Upper Case Y	1
E9	48	Z	Upper Case Z	1
			ARRAY SIZE	48

ATTACHMENT 8

COBOL Record Description

COBOL RECORD DESCRIPTION

```
01   FILE-HEADER-RECORD
     05   RECORD-ID                          PIC X(5)
          88   FILE-HDR                           VALUE '00/HDR'
     05   FILLER                             PIC X(5)
     05   AGENCY-ID                          PIC X(4)
     05   FILLER                             PIC X(86)

01   CLAIM-HEADER-RCD
     05   RECORD-CODE                        PIC 9(2)
          88   VALID-AC-RECORD-CD                 VALUE 05
     05   CLAIM-NO                           PIC 9(2)
     05   RECORD-TYPE                        PIC 9(3)
          88   CLM-HDR-RCD                        VALUE 001
     05   FILLER                             PIC X(3)
     05   CLAIM-SCHEDULE-NO                  PIC X(8)
     05   FILLER                             PIC X(2)
     05   CLAIM-ID                           PIC X(10)
     05   FILLER                             PIC X(70)

01   DETAIL-WARRANT-RCD
     05   PAYEE
          10   RECORD-CODE                   PIC 9(2)
          10   CLAIM-NO                      PIC 9(2)
          10   RECORD-TYPE                   PIC 9(3)
               88   CLAIM-DETAIL-RCD              VALUE 010
          10   ZIP-CODE                      PIC X(9)
               88   ZIP-CODE-MISSING              VALUE SPACES
          10   FILLER REDEFINES ZIP-CODE
               15   5-DIGIT-ZIP-CODE         PIC X(5)
               15   FILLER                   PIC X(4)
          10   PAYEE-ID                      PIC X(10)
               88   INVALID-PAYEE-ID              VALUE SPACES
          10   SEQ-ID.
               15   FILLER                   PIC X(5)
               15   BANK-CODE                PIC X
                    88   VALID-BANK-CODE          VALUE 'A' THROUGH 'Z'
                    88   NOT-BANK-DEPOSIT         VALUE ' '
          10   LINE-NO                       PIC 9(2)
          10   DET-AMT-IND                   PIC 9
          10   WARRANT-AMT                   PIC S9(8)V99  COMP-3
          10   LAYOUT-NO                     PIC X(4)
          10   PAYEE-NAME                    PIC X(30)
               88   PAYEE-NAME-MISSING            VALUE SPACES
          10   FILLER                        PIC X(5)
```

```
     10  ADDRESS-LINES
         15  ADDRESS-LINE-1                 PIC X(30)
             88  ADDRESS-LINE-1-MISSING         VALUE SPACES
         15  ADDRESS-LINE-2                 PIC X(30)
             88  ADDRESS-LINE-2-MISSING         VALUE SPACES
         15  ADDRESS-LINE-3                 PIC X(30)
         15  ADDRESS-LINE-4                 PIC X(30)
     10  REPORTABLE-CODE                    PIC X
         88  VALID-REPT-CODE                    VALUE 0 1 2
         88  NO-IRS-INFO                        VALUE 0 SPACE
         88  IRS-SSA-INFO                       VALUE 1
         88  IRS-INFO-REQUIRED                  VALUE 1 2
     10  IRS-INFO.
         88  IRS-INFO-MISSING                   VALUE SPACES
         15  FEDERAL-ID-NO                  PIC X(9)
             88  FIN-NO-MISSING                 VALUE SPACES
         15  PAY-CODE                       PIC X
             88  VALID-PAY-CODE                 VALUE 1 THROUGH 7
         15  REPORTABLE-AMT                 PIC S9(8)V99  COMP-3
     10  FILLER                             PIC X(33)
     10  AUDIT-INFO                         PIC X(7741)


 01  SECONDARY-PAYEE
     88  SECONDARY-PAYEE-MISSING            PIC 9(2)
     10  RECORD-CODE                        PIC 9(2)
     10  RECORD-TYPE                        PIC 9(3)
         88  DETAIL-CODE                        VALUE 010
     10  ZIP-CODE                           PIC X(9)
     10  PAYEE-ID                           PIC X(10)
     10  SEQ-ID
         15  FILLER                         PIC X(5)
         15  BANK-CODE                      PIC X
             88  VALID-BANK-CODE                VALUE 'A' THROUGH 'Z'
             88  NOT-BANK-DEPOSIT               VALUE ' '
     10  LINE-NO                            PIC 9(2)
     10  DET-AMT-IND                        PIC 9
     10  WARRANT-AMT                        PIC S9(8)v99  COMP-3
     10  LAYOUT-NO                          PIC X(4)
     10  PAYEE-NAME                         PIC X(30)
         88  PAYEE-NAME-MISSING                 VALUE SPACES
     10  ADDRESS-LINE-1                     PIC X(30)
         88  ADDRESS-LINE-1-MISSING             VALUE SPACES
     10  ADDRESS-LINE-2                     PIC X(30)
         88  ADDRESS-LINE-2-MISSING             VALUE SPACES
     10  ADDRESS-LINE-3                     PIC X(30)
     10  ADDRESS-LINE-4                     PIC X(30)
     10  FILLER                             PIX X(50)
     10  SP-AUDIT-INFO                      PIC X(7741)
```

```
05   REMIT-ADVICE-RECORD
     10   REMIT-ADVICE
          15   RECORD-CODE              PIC 9(2)
          15   CLAIM-NO                 PIC 9(2)
          15   RECORD-TYPE              PIC 9(3)
               88   DETAIL-CODE              VALUE 010
          15   ZIP-CODE                 PIC X(9)
          15   PAYEE-ID                 PIC X(10)
          15   SEQ-NO                   PIC X(6)
               20   FILLER              PIC X(5)
               20   BANK-CODE           PIC X
                    88   VALID-BANK-CODE       VALUE 'A' THROUGH 'Z'
                    88   NOT-BANK-DEPOSIT      VALUE ' '
          15   LINE-NO                  PIC 9(2)
          15   DET-AMT-IND              PIC 9
               88   DET-AMT-PRESENT          VALUE 1
          15   DETAIL-AMT               PIC S9(8)V99  COMP-3
          15   LAYOUT-NO                PIC X(4)
          15   RA-PRINT-INFO            PIC X(62)
          15   RA-AUDIT-INFO            PIC X(7884)

01   CLAIM-TOTAL-RCD
     05   RECORD-CODE                   PIC 9(2)
          88   VALID-RECORD-CD              VALUE 05
     05   CLAIM-NO                      PIC 9(2)
     05   RECORD-TYPE                   PIC 9(3)
          88   CLM-TOT-RCD                  VALUE 10/0
     05   FILLER                        PIC X(18)
     05   WARR-REC-COUNT                PIC S9(9)
     05   REC-COUNT                     PIC S9(11)
     05   TOTAL-WARR-AMT                PIC S9(13)V99
     05   FILLER                        PIC X(40)

01   FILE-TOTAL-RCD.
     05   RECORD-ID                     PIC X(5)
          88   FILE-TRAILER                 VALUE '99EOF'
     05   FILLER                        PIC X(2)
     05   TOTAL-REC-COUNT               PIC S9(13)
     05   CLAIM-COUNT                   PIC S9(5)
     05   WARR-REC-COUNT                PIC S9(9)
     05   RA-REC-COUNT                  PIC S9(11)
     05   TOTAL-WARR-AMT                PIC S9(13)V99
     05   FILLER                        PIC X(40)
```

ATTACHMENT 9

SAM Section 8422.202

<u>SAM SECTION 8422.202</u>

CLAIMS RECORDED ON ELECTRONIC TAPE (Renumbered from 8422.203 7/88)   8422.202

State Board of Control Rule 622.1 permits State agencies, upon approval of the State Controller, to submit claims recorded on electronic tape. Claims which have the following characteristics ordinarily will be considered for submittal in this manner:

- Large volume of payees;
- Similar in nature or purpose;
- Subject to repetitive handling and processing.

Agencies should contact the State Controller's Office, Division of Audits for additional information and assistance.

ATTACHMENT 10

Board of Control Rule 622.1

<u>BOARD OF CONTROL RULE 622.1</u>

622.1 Claims Recorded on Electronic Tape.

(a) Subject to the approval of the Controller, claims recorded on electronic tape may be presented under the following conditions:

(1) Each such claim shall consist of the electronic tape listing each payee and the amount of payment. A written reproduction of the electronic tape will be retained by the agency, or the information so provided will be retained by the agency on electronic tape, as a part of its records for the period required by the Controller. Original claim documents supporting the electronic tape listing, or reproductions thereof, shall be retained by the agency for the same period as agency copies of claim schedules unless otherwise provided by law. Such original claims documents, or reproductions thereof, shall be maintained in a manner that will enable verification of the propriety of claims recorded on the electronic tape.

(b) In accordance with Section 624, each claim shall contain a certificate reading as follows:

"I hereby certify under penalty of perjury as follows:

"That I am a duly appointed, qualified, and acting officer of the herein named state agency. That the respective amounts and payees included in this claim have been recorded on that certain electronic tape identified in the within schedule. That a written reproduction, listing each payee and the amount of payment, was prepared from said tape and will be retained as a part of the official records of said state agency, or the information so provided will be retained on electronic tape. That the respective amounts, payees, and totals are true and correct as set forth on said electronic tape and in said written reproduction, or retained electronic tape. That original claim documents, or reproductions thereof, have been retained and are maintained in a manner that will enable verification of the propriety of the amounts claimed   That payments are properly payable to each and all of the claimants as contained therein, and that such payments are authorized in the amount, for the period, and to the respective payees as indicated therein under all governing laws and regulations. That I have not violated any of the provisions of Sections 1090 to 1096, inclusive, Government Code."

(c) Claims presented on electronic tape pursuant to this section, are excepted from the requirements of Sections 650 to 656, inclusive.

ATTACHMENT 11

Government Code Section 26903

<u>GOVERNMENT CODE SECTION 26903</u>

§ 26903. Transmission of money or credits to treasurer by state officer or employee: Notice: Contents: Filing: Notice of receipt

Whenever money or credits, or evidences thereof, are transmitted to the county treasurer by any state officer or employee for deposit in the county treasury or in the treasury of any political subdivision, public or municipal corporation, or district of which the county treasurer is the treasurer, the transmitter shall at the time of the transmission also transmit to the county auditor a notice stating the following:

(a) The amounts of money or credits or evidences thereof transmitted.

(b) The mode of transmission and the date when the transmitter placed the money or credits, or evidences thereof, in course of transmission or deposited them with the county treasurer.

(c) A description of the money or credits, or evidences thereof, and the purpose for which transmitted.

The auditor shall file the notices in his office and shall notify the treasurer of their receipt.

ATTACHMENT 12

Recoupment of SCO Costs for Developing
New Systems and Modifying Existing Systems
Relative to Tape Claim Processing

Controller of the State of California
P.O. Box 942850
SACRAMENTO, CA 94250-0001

November 10, 1992

Policy Letter #92-01

TO: All Accounting Officers

RECOUPMENT OF SCO COSTS FOR DEVELOPING NEW SYSTEMS AND MODIFYING EXISTING SYSTEMS RELATIVE TO TAPE CLAIM PROCESSING

This memo is to formally notify state agencies that the Controller's Office will, through interagency agreements, charge all agencies for its costs of developing new systems and modifying existing systems relative to tape claim processing. This policy was adopted by the Controller's Office February 1, 1991.

This policy is necessitated by significant budgetary reductions experienced by the Controller's Office. This fact, coupled with the ever increasing requests for services by the agencies, resulted in critical staffing shortages at the Controller's Office. Therefore, the Controller's Office cannot accommodate any requests for installation of new systems or modification of existing systems without additional funding.

All Controller's auditing and development costs incurred by the Division of Audits, the Division of Accounting, the Division of Disbursement, and the Systems Development Division are subject to reimbursement. Prior to commencing any development or modification effort, the Controller's Office will enter into an interagency agreement with the state agency to obtain funding for such effort.

Board of Control Rule 622.1 and the State Administrative Manual Section 8422.203 authorizes the Controller to approve or disapprove state agency requests to use Electronic Tape Claims to process payments.

All Accounting Officers
November 10, 1992
Page 2

Significant benefits may be available to agencies using Electronic Tape Claims, including a reduction of paper processing through an automated system interface. A publication titled, "Electronic Tape Claims Submission Requirements Manual" is available. Please send your requests for the manual to:

<div style="text-align:center">

State Controller's Office
EDP Audits Branch
3301 C Street, Room 505
Sacramento, CA 95816

</div>

Sincerely,

Jack Brown, Assistant Deputy Controller
Division of Audits

Carla B. Lenerd, Assistant Deputy Controller
Division of Accounting